2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					A	PPKUVE:	:	
DOGUMENT # L9900000566					AND FILED			
FAMOUS HOST ASSOCIATES, L.L.C.					01 MAY -1 PM 5: 35			
Principal Place of Business Ma		Mailing Address	ailing Address		SECRETARY OF STATE TABLIAHASSEE, FLORIDA			
5401 SOUTH KIRKMAN ROAD. SUITE 725 ORLANDO FL 32819		5401 SOUTH KIRKMAN ROAD. SUITE 725 ORLANDO FL 32819						
	Place of Business	3. Mailing Address						
5728 MAJOR Blud Suite, Apt. #. etc. Suite 601		5738 MAJOR Blud Suite, Apt. #, etc. Suite 601			DO NOT WRITE IN THIS SPACE			
City & State Orlando FL		City & State Orlando FL		4. FEIT	Number 59-3557358	!	oplied For ot Applicable	
Zip	Country	Zip	Country US	5. Cert	ificate of Status Desired	\$5.00 Add	ditional	
328।	6. Name and Address of Current R	3 28 / 9		7. Nam	e and Address of New Register	Fee Require ed Agent		
Name								
				`	P.O. Box Number is Not Acceptable)			
ORLANDO FL 32819			City OI	5728 MAJOR BLVD., STE. 601 City ORLANDO FL 32819 FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE								
		FILE NO	W!!! FEE IS \$50.0	10	70000427	4257	0	
			able to Departmen		-05/21/01- *****50.0			
9.	MANAGING MEMBEI	RS/MEMBERS Delete	10.		ADDITIONS/CHANG			
NAME STREET ADDRESS	MGR KHATIB, RASHID A	TITLE NAME STREET ADDRESS	5728 MAJOR BLVD., STE. 601					
CITY-ST-ZIP	5401 SOUTH KIRKMAN ROAD,SU ORLANDO FL 32819	CITY-ST-ZIP .	ORLAN	IDO FL 32819				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
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NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE	· -		☐ Change	☐ Addition	
NAME &			NAME				_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. RASHILLA KhA+ib, Pres of General Partrue.								
SIGNATURE: 10 C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M. NAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #								